



Tobacco  
Prevention &  
Cessation  
Program

# Overview of Arkansas Tobacco Quitline and Systems Training and Outreach Program

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# Topics

- ✓ Systems Training and Outreach Program
- ✓ Arkansas Tobacco Quitline - ATQ
- ✓ Fax Referral
- ✓ Fax Back Form
- ✓ How to Access Monthly Fax Referral Information From the Web

# What is STOP?

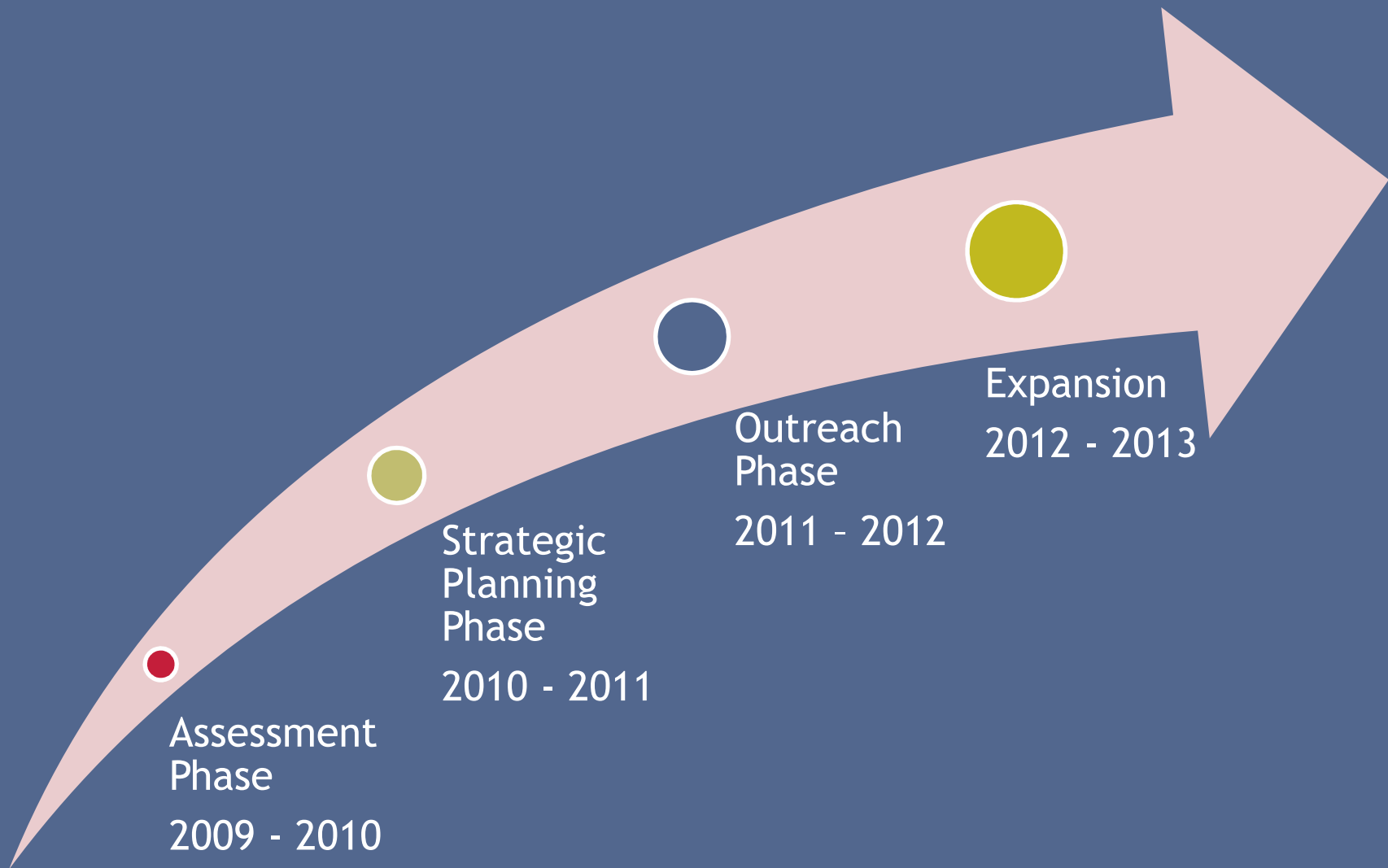
## Core Components Review

- ✓ Provider Website
- ✓ Online Training
- ✓ Outreach Program



[www.arstop.org](http://www.arstop.org)

# Tobacco Control and Outreach: Sustainable System Change



# Outreach Coverage Areas

Northwest

19 Counties

Central

7 Counties

Northeast

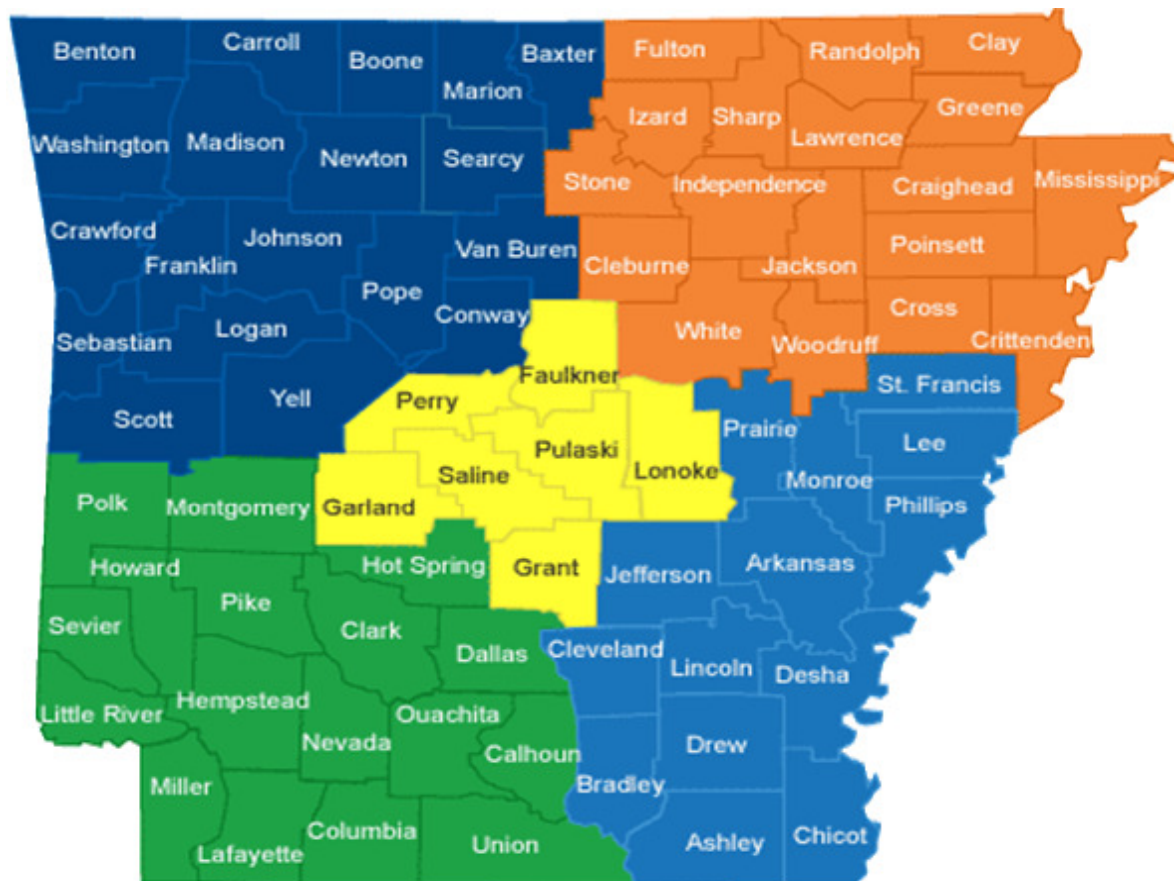
18 Counties

Southwest

17 Counties

Southeast

14 Counties



# Long Term Goals (2012 – 2015)

Expand tobacco cessation and chronic disease contacts and champions among healthcare practices in identified regions

Create an infrastructure to address other prioritized chronic health conditions with this model

Further increase the number of health care providers following the US PHS guidelines for treating tobacco use and dependence

Continue to increase the number of fax referrals sites and call to the Arkansas State Tobacco Quitline

# Outreach Program Overview

## Services offered:

Training on resources available to providers through the STOP and ADH TPCP

Training and consultation related to both patient and provider cessation materials

Training on how to conduct a Brief Tobacco Intervention

Training and consultation related to referral resources, including the Quit Line

Training and consultation around building and changing systems of care for tobacco treatment

Training and consultation related to Quit Line fax referral systems and utilization



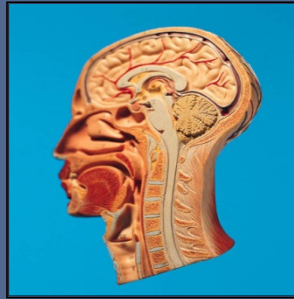


# Best Practices in Tobacco Treatment Systems

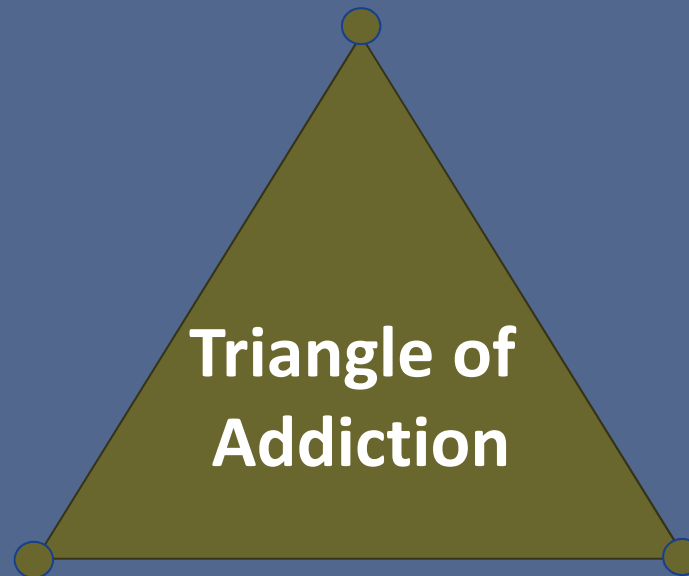
# Who Still Smokes?

- Individuals of low socio-economic status
- American Indians/Alaska Natives, individuals of a multi-racial background
- Individuals with mental illness or chemical dependency
- Individuals with co-occurring chronic disease
- Veterans

# Why Don't They Just Quit?



Biological



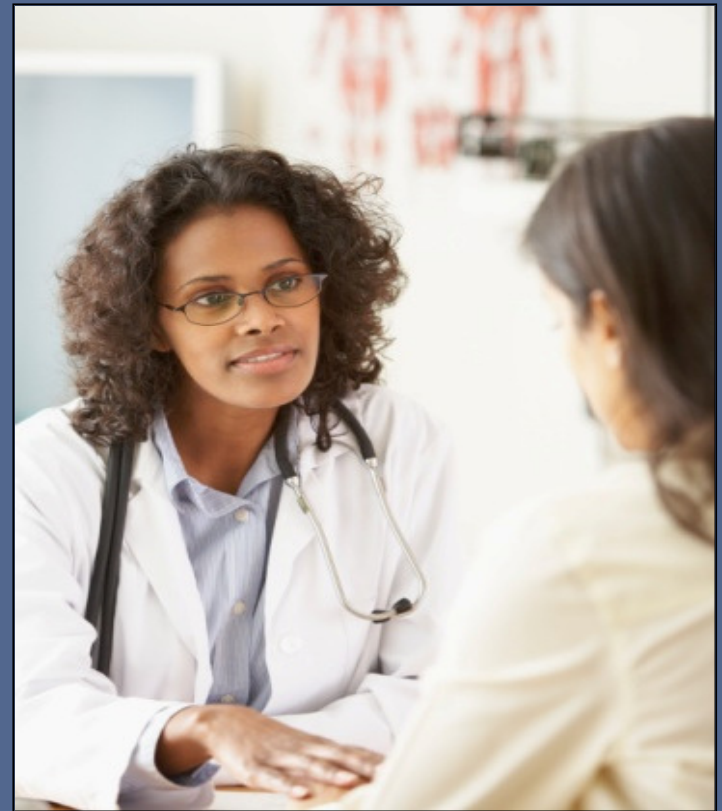
Cultural, Social, Behavioral



Psychological, Emotional

# The Opportunity

- Most tobacco users want to quit (about 70%).
- Half make a serious attempt each year.
- 80% see a healthcare provider each year.

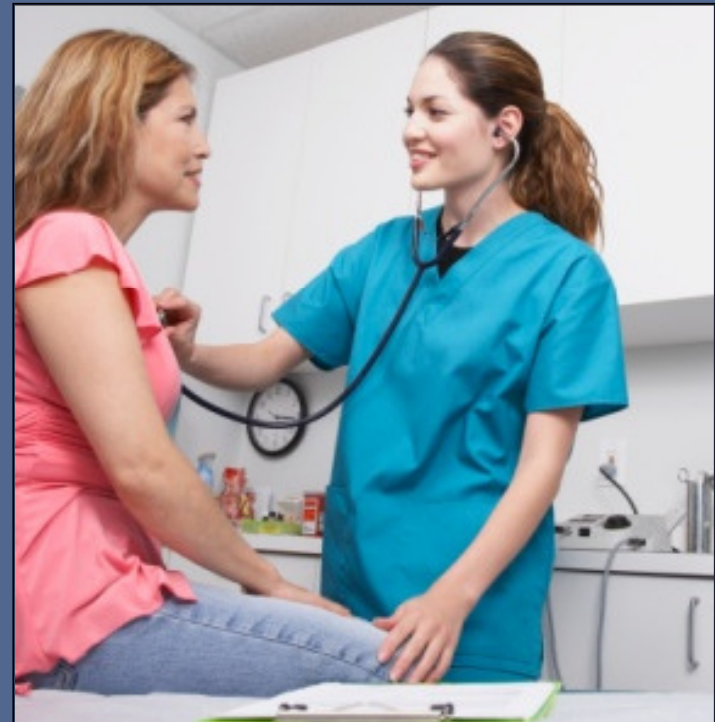


# Barriers

- Lack of time
- Lack of clinical training/skills
- Lack of resources (or knowledge of resources)
- Perceived lack of interest from patients
- Lack of systematic tools to remind providers to conduct screening and interventions

# Why should you intervene?

- Patients expect it <sup>1</sup>
- Increases Satisfaction
- Improves Outcomes
- Financial impact <sup>2, 3</sup>



1. Solberg, LI et al. Patient Satisfaction and Discussion of Smoking Cessation During Clinical Visits. *Mayo Clin Proc.* 2001;76:138-143.
2. Cummings SR, Rubin SM, Oster G. The cost effectiveness of counseling smokers to quit. *JAMA* 1989;261:75-79.
3. Tsevat J. Impact and cost-effectiveness of smoking interventions. *American Journal of Medicine* 1992;93:43S-47S.

# Recommendations

## 2008 US Public Health Service Clinical Guidelines for Treating Tobacco Use:

- Screen all patients for tobacco use at each visit
- Conduct a brief intervention with patients who use tobacco
- Provide support in quitting, including counseling and medication.

**ASK**



**ADVISE**



**REFER**





# Patient Education and Support



The Arkansas Tobacco Quitline  
1-800-QUIT-NOW



Hospital or Community-Based  
Programs



Behavioral Interventionists or  
Health Educators

# Advantages of Quitlines

- Evidence-based, researched and tested
- Easy and free for patients to use
- Confidential and private service
- Easy to refer patients to
- Individually tailored programs
- Combined medication & counseling

Orleans, Schoenbach et al. (1991), *J Consult Clin Psychol*.

Zhu, Tedeschi et al. (1996) *J Coun & Dev*.

Swan et al. (2003) *Arch Intern Med*.

# What do Quitlines Provide?



- Free telephone counseling support for all residents
- Web – Coaching available
- A personalized Quit Plan
- Tools to cope with withdrawal symptoms
- Medication use support
- Referral to Community Resources

# How to Refer

## Business Card or Brochure

→ Requires follow up from you to determine if patient enrolls.



## Fax Referral Program

→ You receive a report that tells you if patient was reached and enrolled.

Arkansas Tobacco Quitline  
Fax Referral Form  
Fax Number: 1-888-827-7057  
Fax Sent Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Clinic/Employer/Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Health Care Provider Information:  
The Arkansas Tobacco Quitline is an entity that is compliant with the Health Insurance Portability and Accountability Act (HIPAA). The Quitline will only be able to share sensitive information with you as the provider if you verify that your organization is a HIPAA-covered entity and that the use of information is for treatment purposes as permitted by HIPAA.  
Please indicate whether your organization is a HIPAA covered entity.  
My organization is a HIPAA Covered Entity. ☐ Yes ☐ No If you have questions about how to use this form, call 1-800-Quit-Now.

Name of Physician or Health Care Provider: \_\_\_\_\_

Participant Information: Gender: ☐ Male ☐ Female ☐ Pregnant? ☐ Yes ☐ No  
Participant Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone: (\_\_\_\_) \_\_\_\_\_ TYPE: ☐ Home ☐ Work ☐ Call ☐ Other  
Secondary Phone: (\_\_\_\_) \_\_\_\_\_ TYPE: ☐ Home ☐ Work ☐ Call ☐ Other  
Language Preference (check one): ☐ English ☐ Spanish ☐ Other: \_\_\_\_\_  
Tobacco Type (check ALL that apply): ☐ Cigarettes ☐ Smokeless Tobacco ☐ Cigar ☐ Pipe  
\_\_\_\_ I am ready to quit tobacco and request the Arkansas Tobacco Quitline contact me to help me with my quit plan.  
(Initial) \_\_\_\_\_  
\_\_\_\_ I give my permission to the Arkansas Tobacco Quitline to leave a message when contacting me.  
(Initial) \_\_\_\_\_


Participant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The Arkansas Tobacco Quitline will call you. Please check the BEST time frame for the Quitline to reach you.  
☐ 7am - 9am ☐ 9am - 12 Noon ☐ 12 Noon - 3pm ☐ 3pm - 6pm ☐ 6pm - 8pm  
Within the above time frame, please contact me at (check one): \_\_\_\_\_ Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
NOTE: The Arkansas Quitline is open 7 days a week. Call attempts on Saturday or Sunday may be made during time frames other than the one you select above.

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# The Fax Referral Program

**Arkansas Tobacco Quitline**  
Fax Referral Form  
Fax Number: 1-888-827-7057

  
Arkansas Department of Health

Fax Sent Date:

Clinic/Employer /Organization Name:

Address:

Contact Person:

Fax:    Phone:

**Health Care Provider Information:** The Arkansas Tobacco Quitline is an entity that is compliant with the Health Insurance Portability and Accountability Act (HIPAA). The Quitline will only be able to share service outcome information with you as the provider if you verify that your organization is a HIPAA-covered entity and that the use of information is for treatment purposes as permitted by HIPAA.

Please indicate whether your organization is a HIPAA covered entity:  
My organization is a HIPAA Covered Entity. ☐ Yes ☐ No

**The 2 A's and R for Health Care Providers Office Use**  
ASK: Form of tobacco used and frequency  
ADVISE: Discuss relevance, risks rewards and roadblocks  
REFER: refer to the AR Tobacco Quitline

Name of Physician or Health Care Provider:

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**Participant Information:** Gender: ☐ Male ☐ Female Pregnant? ☐ Yes ☐ No

Participant Name:  Birthdate:

Address:  City:  Zip:

Primary Phone: (  )  -  TYPE: ☐ Home ☐ Work ☐ Cell ☐ Other  
Secondary Phone: (  )  -  TYPE: ☐ Home ☐ Work ☐ Cell ☐ Other

Language Preference (check one): ☐ English ☐ Spanish ☐ Other -

Tobacco Type (check ALL that apply): ☐ Cigarettes ☐ Smokeless Tobacco ☐ Cigar ☐ Pipe

☐ I am ready to quit tobacco and request the Arkansas Tobacco Quitline contact me to help me with my quit plan.  
Verbal Consent

☐ I give my permission to the Arkansas Tobacco Quitline to leave a message when contacting me.  
Verbal Consent

Participant Signature:  Consent obtained by:  Date:

The Arkansas Tobacco Quitline will call you. Please check the BEST time frame for the Quitline to reach you.



☐ 6am - 9am ☐ 9am - 12 Noon ☐ 12 Noon - 3pm ☐ 3pm - 6pm ☐ 6pm - 9pm

Within the above time frame, please contact me at (check one): ☐ Primary Phone ☐ Secondary Phone

NOTE: The Arkansas Quitline is open 7 days a week. Call attempts on Saturday or Sunday may be made during time frames other than the one you select above.

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 stampoutsmoking.com  smokelessfromharmless.com

Patient must  
sign here for form  
to be processed.

Link to fax forms:

[http://www.arstop.org/\\_assets/cms\\_uploads/FaxReferralFormEnglish\\_fields.pdf](http://www.arstop.org/_assets/cms_uploads/FaxReferralFormEnglish_fields.pdf)

# The Fax Back Form



Your Clinic recently referred a patient via the Oklahoma Tobacco Helpline Fax Referral Program.  
This form describes the type of service the patient received through the Oklahoma Tobacco Helpline.  
Please place this in the patient's files.

## Clinic Information

Clinic Name:

Clinic Phone Number:

Clinic Fax Number:

## Patient Information

Participants Name:

Participants Address:

Participants Primary Phone Number:

Participants Date of Birth:

## Outcomes

Disposition:

Contact Date if Contacted:

Planned Quit Date (If accepted services):

Stage (If accepted services):

### **NOTE:**

#### **Status**

**Accepted Services:** Participant was reached and accepted service.

**Declined Services:** Participant was reached and declined service.

**Unreachable:** Attempts were made to contact the participant during their best time, but the quitline was unable to reach the participant.

#### **Disposition**

**General Questions:** Participant asked general questions and the quitline and its services, but did not opt for an intervention or materials.

**Materials Only:** Participant requested quit guides only.

**One-Call:** Participant received a single call intervention with a Quit Coach.

**Multi Call:** Participant received an intervention with a Quit Coach and accepted additional proactive calls from the quitline.

**Nicotine Patch:** Participant met screening criteria for nicotine patch.

**Nicotine Gum:** Participant met screening criteria for nicotine gum.

**Nicotine Lozenge:** Participant met screening criteria for nicotine lozenge.

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# Healthy.Arkansas.gov

- Go to [healthy.arkansas.gov](http://healthy.arkansas.gov)
- Go to Tobacco Prevention and Cessation Program
- Click on data and reports
- Go to Arkansas Tobacco Quitline Reports
- Click on fax referral report

# Q&A

